## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**Application or Docket Number** 

H55-060 US

		CLAIMS A	(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			2					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			2 minus 20=		* 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ m	inus 3 =	* 0		·	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT	•	•			+140=			+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in o			column 2	ı	TOTAL		OR		740
CLAIMS AS AMENDED - PART II								IOIAL		JOH	OTHER	THAN
: • '		(Column 1)	(Column 2)			(Column 3)	•	SMALL ENTITY			SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	1 4,1	RATE	ADDI- TIONAL FEE
NOW.	Total	. 12	Minus	**6	20	=		X\$ 9=		OR	X\$18=	
AME	Independent	* /	Minus	**(	3		I	X42=		OR	X84=	$X \cdot \lambda$
L	FIRST PRESE	NTATION OF MI	ENDENT CLAIM			+140=	Se 1 (2)	OR	+280=			
	the state of the s							/ TOTAL	* * * <b>*</b>	OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Colum						· ·		•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	o constitue secondo o consti	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	, <u>,                                   </u>	RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Ind pendent	*	Minus	***	CLAINA	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM							
*	If the entry in colu	mn 1 is less than th	ne entry in colu	ımn 2, write	e "0" in col	lumn 3.	L	+140= TOTAL	· <u>-</u> .	OR	+280≃ TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE												
	The "Highest Num	nber Previously Pa	id For" (Total o	r independe	ent) is the	highest number	r four	nd in the app	ropriat box	in col	umn 1.	